

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09/284563</div>	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/											
2				/										
3				/										
4				/										
5				/										
6				/										
7				/										
8				/										
9				/										
10				/										
11				/										
12				/										
13				/										
14				/										
15				/										
16														
17				①										
18				①										
19														
20														
21														
22														
23														
24				①										
25				1										
26				1										
27				1										
28				1										
29				1										
30				1										
31														
32				1										
33				1										
34				1										
35				1										
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
51														
52														
53														
54														
55														
56														
57														
58														
59														
60														
61														
62														
63														
64														
65														
66														
67														
68														
69														
70														
71														
72														
73														
74														
75														
76														
77														
78														
79														
80														
81														
82														
83														
84														
85														
86														
87														
88														
89														
90														
91														
92														
93														
94														
95														
96														
97														
98														
99														
100														
TOTAL IND.	↓		2		↓		↓		↓		↓		↓	
TOTAL DEP.	↓		27		↓		↓		↓		↓		↓	
TOTAL CLAIMS	↓		29		↓		↓		↓		↓		↓	